



**COMPOSITE HEALTH CARE SYSTEM**

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**“Essential Elements for Data Quality...”**

**Data Quality Management Control Program  
TRICARE Data Quality Course**

**September 2011**



# Agenda

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- **Part 1 - CHCS - Essential Elements...**
  - Information Resources
  - Data Quality Building Blocks
  - CHCS Support for Data Quality
  - CHCS Visit Workload Reporting
  - Managing Data Quality in CHCS
- **Part 2 - Ambulatory Data Module (ADM)**
  - CHCS-ADM/AHLTA Data Updates
  - Business Rules & Data Checks



## Brief Notes:

- Hyperlinks can only be accessed from Slideshow Mode
- See Notes View for Additional Details and Business Rules
- The data is real, only the names have been changes to ensure compliance with HIPAA Protected Health Information (PHI)
- Re-use of any charts, graphics or animations - Encouraged!



# Objectives

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- **Highlight:**
  - Maintenance of CHCS “Essential Elements”
  - Features and Business Rules
  - DEERS, CHCS and AHTLA Data flows
  - Options for using CHCS data to improve Data Quality
  - Challenges and Opportunities
- **Share MTF experiences:**
  - Staff Responsibilities
  - Data Quality Committee and Assessment Team
- **Provide background notes for reference**



# Womack Army Medical Center

## Your Data Is Showing ...

WEB SITE	LINK (Verified September 2011)
<b>TRICARE Operations Center (Internet Explorer 6.0)</b> <ul style="list-style-type: none"><li>▪ Access to Care Template Analysis</li><li>▪ Enrollment Status Reports</li></ul>	<a href="http://mytoc.tma.osd.mil/Front_pageA.html">http://mytoc.tma.osd.mil/Front_pageA.html</a>
<b>CarePoint MHS Population Health Portal (As of Jan 2011)</b> <ul style="list-style-type: none"><li>▪ HEDIS Measures/Action Lists/Disease Prevalence</li><li>▪ Medical Home Exclusion Entries</li></ul>	<a href="https://carepoint.afms.mil">https://carepoint.afms.mil</a>
<b>CarePoint Healthcare Applications (As of Jan 2011)</b> <ul style="list-style-type: none"><li>▪ Patient Summary, Peer Review and ProActive Patient Mgmt</li><li>▪ Wellness Reminder Checks, Referral Management Tracking</li></ul>	Contact your MTF Information Management for Internet Link
<b>Data Quality Management Control Program</b> <ul style="list-style-type: none"><li>▪ Data Quality Metrics</li><li>▪ Document Library and Training</li></ul>	<a href="http://www.tricare.mil/ocfo/mcfs/dqmcp/metrics_reports.cfm">http://www.tricare.mil/ocfo/mcfs/dqmcp/metrics_reports.cfm</a>
<b>AKO (Access Knowledge Center)</b> <ul style="list-style-type: none"><li>▪ OTSG/MEDCOM TRICARE Division</li><li>▪ Portal to Access Measures and Download Files</li></ul>	<a href="https://www.us.army.mil/suite/page/336433">https://www.us.army.mil/suite/page/336433</a>
<b>Army PASBA (CAC Log-In)</b> <ul style="list-style-type: none"><li>▪ Coding VTC Presentations</li><li>▪ On-Line Applications (Coding, RVU and Provider Productivity)</li></ul>	<a href="https://pasba3.amedd.army.mil/login/login.fcc">https://pasba3.amedd.army.mil/login/login.fcc</a>
<b>Air Force Vector Check Data Quality Home Page</b> <ul style="list-style-type: none"><li>▪ AF DQM's Resources, Answers and Support</li></ul>	<a href="https://vc.afms.mil/AFMOA/SGA/SGAR/SGARDQ/">https://vc.afms.mil/AFMOA/SGA/SGAR/SGARDQ/</a>
<b>MEPRS/MEWACS</b>	<a href="http://www.meprs.info/index.cfm">http://www.meprs.info/index.cfm</a>




# Womack Army Medical Center

## Web-Based Training Resources

WEB SITE	LINK (Verified September 2011)
<b>AHLTA/CHCS Virtual Classroom</b> <ul style="list-style-type: none"><li>▪ Web Based &amp; Virtual Classroom</li><li>▪ Courses available for download</li></ul>	<a href="http://dhims.health.mil/userSupport/ahlta/training/tutorials.aspx">http://dhims.health.mil/userSupport/ahlta/training/tutorials.aspx</a>
<b>CHCS Scheduled Classes</b> <ul style="list-style-type: none"><li>▪ Scheduled Instructor Lead Classes</li><li>▪ Various CHCS Sub-Systems</li></ul>	<a href="https://fieldservices2.saic.com/Report.aspx?Id=506">https://fieldservices2.saic.com/Report.aspx?Id=506</a>
<b>CarePoint Application Suite (.com/.net Accessible)</b> <ul style="list-style-type: none"><li>▪ Computer Based Training - Video Tutorials</li><li>▪ CarePoint Community</li><li>▪ DCO Virtual Classroom Schedule</li></ul>	<a href="http://www.afchas.com/community/pages/homepage.html">http://www.afchas.com/community/pages/homepage.html</a>
<b>UBO Learning Center: Web-Based Training</b> <ul style="list-style-type: none"><li>▪ Patient Category Finder Tool</li><li>▪ Webinars and Downloads</li></ul>	<a href="http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm">http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm</a>
<b>Chandoo Dashboards</b> <ul style="list-style-type: none"><li>▪ Excel Tips &amp; Blog</li><li>▪ Charts &amp; Data Visualization Techniques</li></ul>	<a href="http://chandoo.org/wp/">http://chandoo.org/wp/</a>
<b>Contextures</b> <ul style="list-style-type: none"><li>▪ Excel Tips &amp; Blog</li><li>▪ Extensive Download Library</li></ul>	<a href="http://www.contextures.com/tiptech.html">http://www.contextures.com/tiptech.html</a>



# Virtual Classroom



**MHS** **MILITARY HEALTH SYSTEM** | U.S. Department of Defense  
**ELECTRONIC HEALTH RECORD: *USER SUPPORT ( AHLTA )***

[Home](#) | [About](#) | [System Info & Updates](#) | [Guides & Manuals](#) | [Training](#) | [Help Desk](#) | [FAQS](#) | [Back to DHIMS](#)

**Quick Links**  
[AHLTA](#)  
[AHLTA-dental](#)  
[TMIP](#)

**Vision**  
 The Premier Global  
 Electronic Health Record

**MILITARY'S EHR**  

- ▶ 9.6 million beneficiaries with clinical data
- ▶ 77,000 active users
- ▶ Averages 140,000 new encounters per day

[Home](#) | [AHLTA](#) | [Training](#) | [Tutorials](#)

## Tutorials

These tutorials provide a quick overview of various topics, modules and encounters found in AHLTA and the Composite Health Care System (CHCS). For some of the tutorials or demonstrations, the user will be 'walked through' certain scenarios to depict a particular situation for a more hands-on approach.

Choose from the following tutorials:

- ▶ [AHLTA 3.3 Computer-Based Training](#)
- ▶ [AHLTA 3.3 Self Training](#)
- ▶ [AHLTA 3.3 Virtual Classroom](#)
- ▶ [CHCS Self Training](#)
- ▶ [CHCS Virtual Classroom](#)

**HELPDESK**  
 Having EHR trouble?  
 The MHS Help Desk provides support for U.S. military medical information systems worldwide, 24/7!  
 Email: [MHS\\_REMEDY@timpo.osd.mil](mailto:MHS_REMEDY@timpo.osd.mil)  
[Click for More Info](#)

**Composite Health Care System (CHCS)**

CHCS Self Training	Date	Type	Size
<a href="#">Laboratory (LAB) Course 2: CHCS LAB Front Desk Operations II</a>	02/01/06		676KB
<a href="#">Managed Care Program (MCP) Course 4: Advanced Front Desk</a>	03/24/06		1.1MB





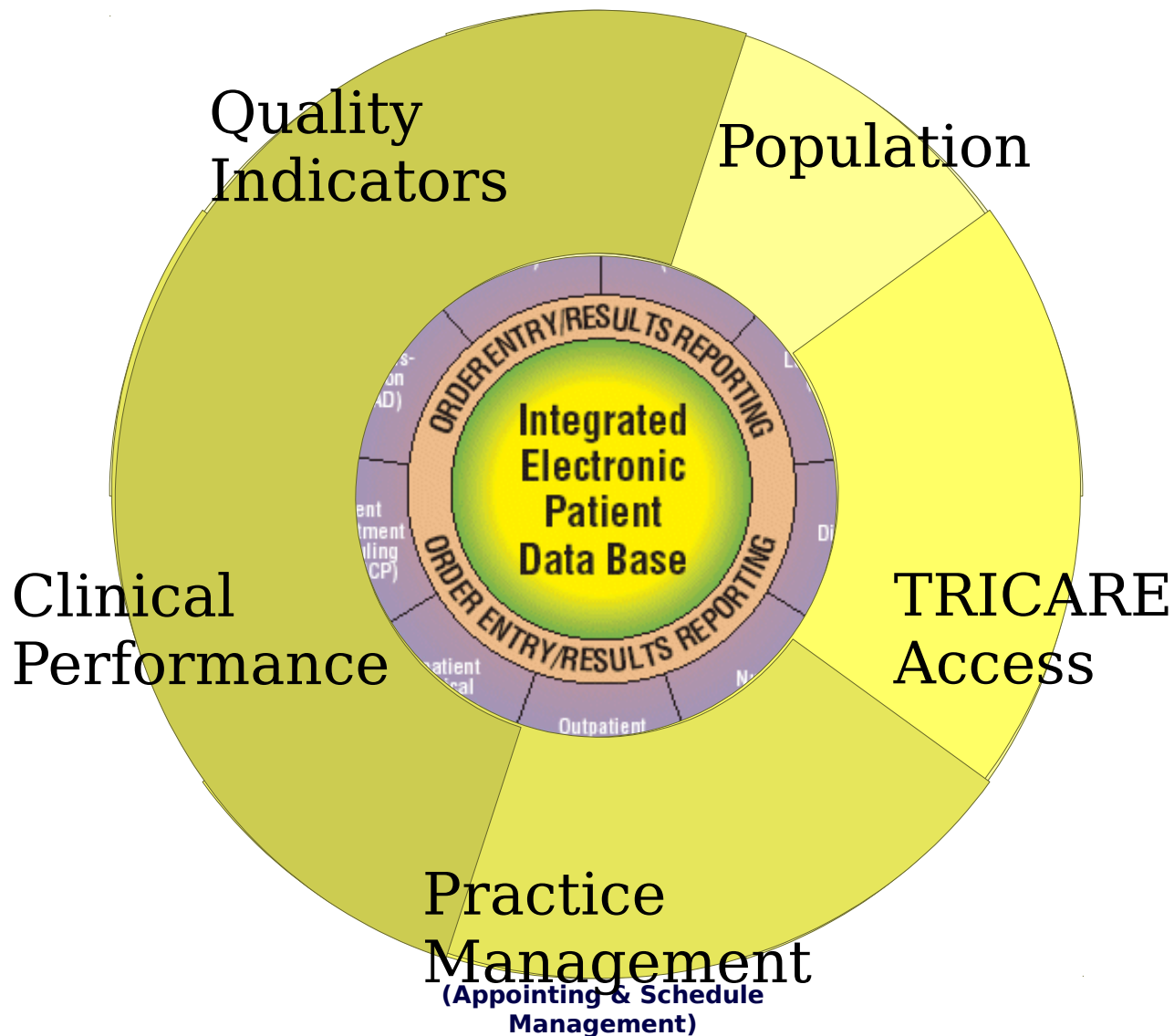
# Why the Focus?

- **Since 1992, CHCS continues to be the primary clinical application and data source for the Military Health System (MHS) World-Wide to:**
  - **Capture and report services provided (Outpatient and Inpatient)**
  - **Measure productivity/efficiency**
  - **Forecast demand for services**
  - **Establish performance benchmarks**
  - **Identify trends and utilization**
  - **Assess and improve quality of**
    - Access to Care
    - Standard of Care
    - Population Health/Wellness
    - Military Related Illness/Injuries
    - Outcomes
    - Research





# Data Capabilities







# Capabilities

- **Interfaces with numerous Clinical & Administrative systems:**
  - AHLTA - Department of Defense Electronic Health Record (EHR)
  - Beneficiary Eligibility - Defense Eligibility & Enrollment System (DEERS)
  - Resources - Expense Assignment System (EAS)
  - Billing - Third Party Outpatient Collections System (TPOCS)/Medical Services Accounting
  - Pharmacy - Pharmacy Data Transaction System (PDTS)
  - Operations - CarePoint Healthcare Applications Suite (CHAS)
- **Standard tables for data consistency:**
  - ICD-9-CM/ICD-9-PCS (Inpatient/Outpatient Diagnosis and Inpatient Procedures)
  - CPT/HCPCS (Outpatient Procedures and Services/Supplies)
  - Provider Medical Specialty->HIPAA Provider Taxonomy
  - CHAMPUS Maximum Allowable Charge (CMAC-OIB) Table
  - Federal and DoD standard Tables
- **Site defined files and tables for MTF operations**
- **Standard and “Ad-Hoc” reporting capabilities**





# A Day at Womack AMC...



**TRICARE Prime/Plus Enrollees**  
**112,980**

**Outpatient Clinic Visits**  
**3,360**

**Babies Born** **9**

**Beds Occupied** **94**

**Surgical Procedures** **29**

**X-rays, CT Scans and MRI's**  
**848**

**Pathology Procedures** **2,630**

**Prescriptions Filled** **7,019**

**ER Visits** **200**

Data Source: CHS (FY10)



# It's Not Easy Being Green!

July 2011 (May FY 2011 Data Month)

Percent Compliant by Service (extract from TMA Summary Sheet)

DQ Statement Question Number:

Reporting Month

Data Month

1. In the data month (include only B\*\*\* and FBN\* accounts):

a. What percentage of appointments was closed in meeting your "End of Day" processing requirements, "Every appointment - Every day"

2. IAW legal and medical coding practices have all the following occurred:

a. What percentage of Outpatient Encounters, other than APVs, has been coded within 3 business days of the encounter? (B.6a)

b. What percentage of APVs has been coded within 15 calendar days of the Encounter? (B.6b)

c. What percentage of Inpatient records has been coded within 30 calendar days after discharge? (B.6c)

3. MEPRS Manual, DoD 6010.13-M, dated April 7, 2008, paragraph C3.3.4, requires report reconciliation. (C.1.a, c, e, f)

a. Was the monthly MEPRS/EAS financial reconciliation completed, validated, and approved by the MTF Resource Manager prior to MEPR

b. Were the data load status, outlier/variance, WWR-EAS IV, and allocation tabs in the MEWACS document reviewed and explanations pr

c. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSI, What is the Percentage of Submitted Timecards by the Suspense Date (C.1

d. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSI, What is the Percentage of Approved Timecards by the Suspense Date (C.1

4. Compliance with TMA or Service-Level guidance for timely submission of data:

a. MEPRS/EAS - 45 Calendar Days

b. SIDR/CHCS - 5th Working Day of the Following Month

c. WWR/CHCS - 10th Calendar Day of the Month

d. SADR/ADM - Daily

5. Outcome of monthly inpatient coding audit: (C.5.c, f, g, h)

a. Percentage of Inpatient Records whose assigned DRG codes were correct (C.5c) [Self-reported]

b. Inpatient Professional Services Rounds encounters E & M codes audited and deemed correct (C.5f) [Self-reported]

c. Inpatient Professional Services Rounds encounters ICD-9 codes audited and deemed correct (C.5g) [Self-reported]

d. Inpatient Professional Rounds encounters CPT codes audited and deemed correct (C.5h) [Self-reported]

6. Outpatient Records (C.6.a, b, c, d)

a. Is adequate documentation of the encounter selected to be audited available? (Denominator equals sample size.) (C.6a)

b. What is the percentage of E & M codes deemed correct? (E & M codes must comply with DoD guidance) (C.6b) [Self-reported]

c. What is the percentage of ICD-9 codes deemed correct? (C.6c) [Self-reported]

d. What is the percentage of CPT Codes deemed correct? (CPT Code must comply with current DoD guidance.) (C.6d) [Self-reported]

7. Ambulatory Procedure Visits (APV) (C.7.a, b, c)

a. Is adequate documentation of the encounter selected to be audited available? (Denominator equals sample size.) (C.7a)

b. What is the percentage of ICD-9 codes deemed correct? (C.7b) [Self-reported]

c. What is the percentage of CPT codes deemed correct? (CPT Codes must comply with DoD guidance) (C.7c) [Self-reported]

8. DD-2569 forms. (C.8.a, b, c, d, e, f)

a. DD-2569 forms - Inpatient dispositions: What percentage of completed and current (signed within the past 12 months) DD Form 2569s

b. DD-2569 forms - Inpatient dispositions: What percentage of available, current and complete DD Form 2569s is verified to be correct in

c. DD-2569 forms Outpatient encounters: What percentage of completed and current (signed within the past 12 months) DD Form 2569s

d. DD-2569 forms Outpatient encounters: What percentage of available, current and complete DD Form 2569s is verified to be correct in

e. APVs: What percentage of completed and current (signed within the past 12 months) DD Form 2569s (TPC Insurance Info) is available

f. APVs: What percentage of available, current and complete DD Form 2569s is verified to be correct in the Patient Insurance Informatio

Army

May-11 Jun-11 Jul-11  
Mar-11 Apr-11 May-11

Navy

May-11 Jun-11 Jul-11  
Mar-11 Apr-11 May-11

Air Force

May-11 Jun-11 Jul-11  
Mar-11 Apr-11 May-11

1. In the data month (include only B*** and FBN* accounts):	100%	100%	100%	100%	99%	99%	100%	100%	100%
2. IAW legal and medical coding practices have all the following occurred:									
a. What percentage of Outpatient Encounters, other than APVs, has been coded within 3 business days of the encounter? (B.6a)	94%	94%	94%	91%	91%	91%	92%	92%	91%
b. What percentage of APVs has been coded within 15 calendar days of the Encounter? (B.6b)	95%	96%	95%	93%	95%	94%	75%	71%	73%
c. What percentage of Inpatient records has been coded within 30 calendar days after discharge? (B.6c)	98%	99%	99%	86%	85%	85%	79%	93%	94%
3. MEPRS Manual, DoD 6010.13-M, dated April 7, 2008, paragraph C3.3.4, requires report reconciliation. (C.1.a, c, e, f)									
a. Was the monthly MEPRS/EAS financial reconciliation completed, validated, and approved by the MTF Resource Manager prior to MEPR	100%	100%	100%	100%	100%	100%	97%	94%	93%
b. Were the data load status, outlier/variance, WWR-EAS IV, and allocation tabs in the MEWACS document reviewed and explanations pr	100%	100%	100%	100%	100%	100%	100%	97%	97%
c. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSI, What is the Percentage of Submitted Timecards by the Suspense Date (C.1	94%	93%	100%	99%	99%	99%	99%	99%	99%
d. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSI, What is the Percentage of Approved Timecards by the Suspense Date (C.1	94%	93%	100%	99%	100%	100%	98%	99%	99%
4. Compliance with TMA or Service-Level guidance for timely submission of data:									
a. MEPRS/EAS - 45 Calendar Days	97%	97%	97%	89%	93%	89%	71%	78%	82%
b. SIDR/CHCS - 5th Working Day of the Following Month	100%	100%	100%	84%	84%	100%	93%	100%	100%
c. WWR/CHCS - 10th Calendar Day of the Month	100%	97%	94%	100%	96%	100%	94%	94%	97%
d. SADR/ADM - Daily	99%	99%	99%	100%	100%	100%	100%	100%	99%
5. Outcome of monthly inpatient coding audit: (C.5.c, f, g, h)									
a. Percentage of Inpatient Records whose assigned DRG codes were correct (C.5c) [Self-reported]	98%	97%	98%	98%	92%	93%	93%	93%	86%
b. Inpatient Professional Services Rounds encounters E & M codes audited and deemed correct (C.5f) [Self-reported]	98%	98%	97%	95%	96%	96%	72%	72%	73%
c. Inpatient Professional Services Rounds encounters ICD-9 codes audited and deemed correct (C.5g) [Self-reported]	97%	96%	96%	94%	93%	92%	70%	70%	71%
d. Inpatient Professional Rounds encounters CPT codes audited and deemed correct (C.5h) [Self-reported]	96%	98%	97%	95%	96%	96%	72%	73%	73%
6. Outpatient Records (C.6.a, b, c, d)									
a. Is adequate documentation of the encounter selected to be audited available? (Denominator equals sample size.) (C.6a)	99%	100%	99%	100%	100%	100%	97%	98%	96%
b. What is the percentage of E & M codes deemed correct? (E & M codes must comply with DoD guidance) (C.6b) [Self-reported]	88%	88%	88%	85%	83%	81%	84%	86%	84%
c. What is the percentage of ICD-9 codes deemed correct? (C.6c) [Self-reported]	96%	96%	96%	90%	89%	90%	91%	92%	90%
d. What is the percentage of CPT Codes deemed correct? (CPT Code must comply with current DoD guidance.) (C.6d) [Self-reported]	88%	89%	90%	90%	90%	92%	89%	90%	88%
7. Ambulatory Procedure Visits (APV) (C.7.a, b, c)									
a. Is adequate documentation of the encounter selected to be audited available? (Denominator equals sample size.) (C.7a)	100%	100%	100%	100%	100%	98%	100%	100%	93%
b. What is the percentage of ICD-9 codes deemed correct? (C.7b) [Self-reported]	98%	97%	97%	94%	92%	95%	94%	92%	92%
c. What is the percentage of CPT codes deemed correct? (CPT Codes must comply with DoD guidance) (C.7c) [Self-reported]	99%	98%	98%	98%	98%	92%	98%	98%	92%
8. DD-2569 forms. (C.8.a, b, c, d, e, f)									
a. DD-2569 forms - Inpatient dispositions: What percentage of completed and current (signed within the past 12 months) DD Form 2569s	99%	98%	98%	95%	95%	95%	95%	95%	95%
b. DD-2569 forms - Inpatient dispositions: What percentage of available, current and complete DD Form 2569s is verified to be correct in	100%	100%	100%	99%	100%	100%	99%	100%	100%
c. DD-2569 forms Outpatient encounters: What percentage of completed and current (signed within the past 12 months) DD Form 2569s	84%	87%	86%	86%	81%	86%	86%	81%	86%
d. DD-2569 forms Outpatient encounters: What percentage of available, current and complete DD Form 2569s is verified to be correct in	99%	99%	100%	100%	100%	100%	100%	100%	100%
e. APVs: What percentage of completed and current (signed within the past 12 months) DD Form 2569s (TPC Insurance Info) is available	95%	95%	95%	95%	95%	95%	95%	95%	95%
f. APVs: What percentage of available, current and complete DD Form 2569s is verified to be correct in the Patient Insurance Informatio	100%	100%	100%	99%	100%	100%	99%	100%	100%

(c) Kevin Palivec '98



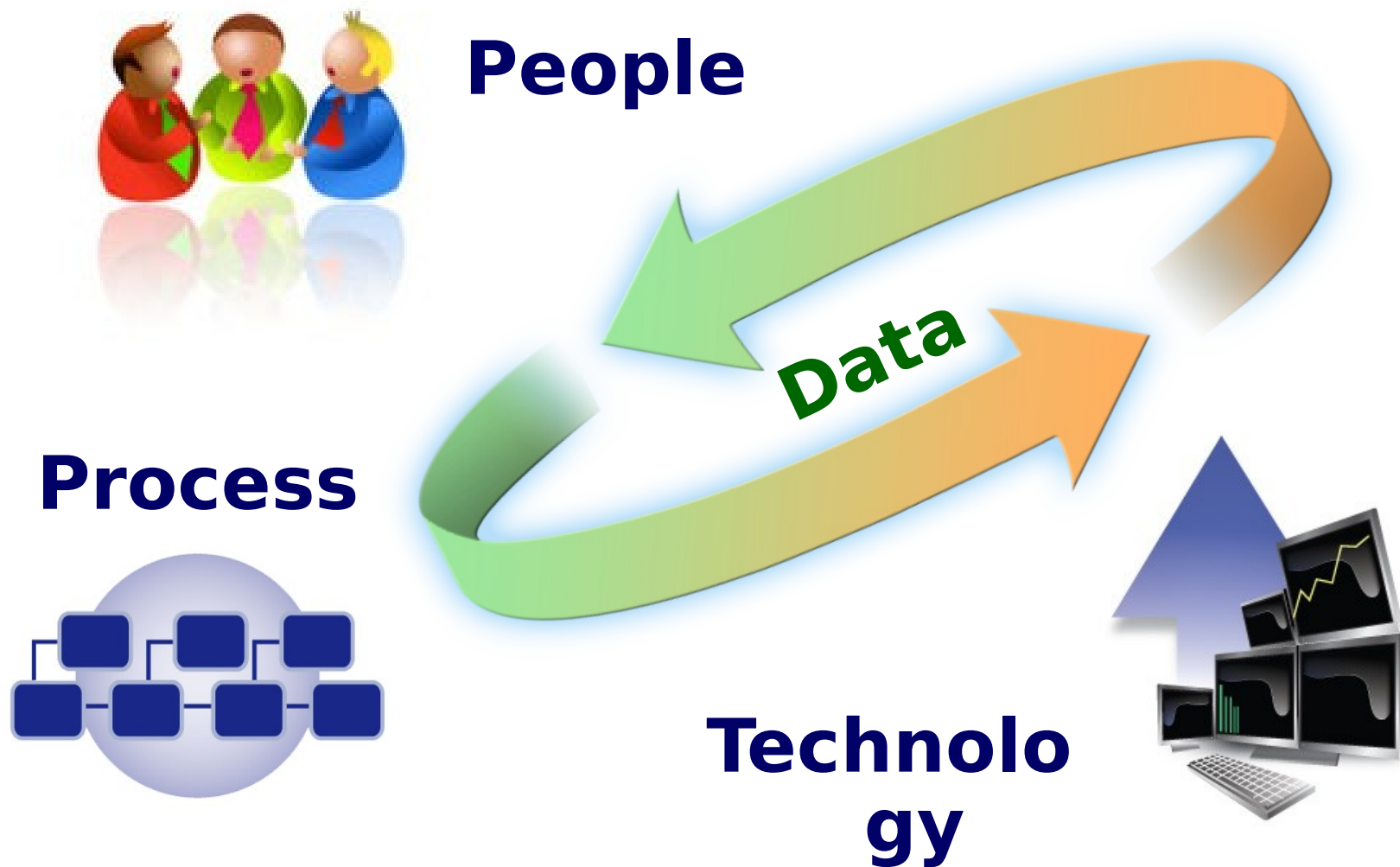
# **It Takes A Team!**

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- **Service Point of Contact**
- **Regional Coordinator**
- **Data Quality Manager**
- **Data Quality Assessment Team**
- **Data Quality Committee**
- **Information Management**
  - Training, Security, Access, Database Admin...
- **Coding Staff/Auditors**
- **Clinic Administrators**
- **All Staff!**

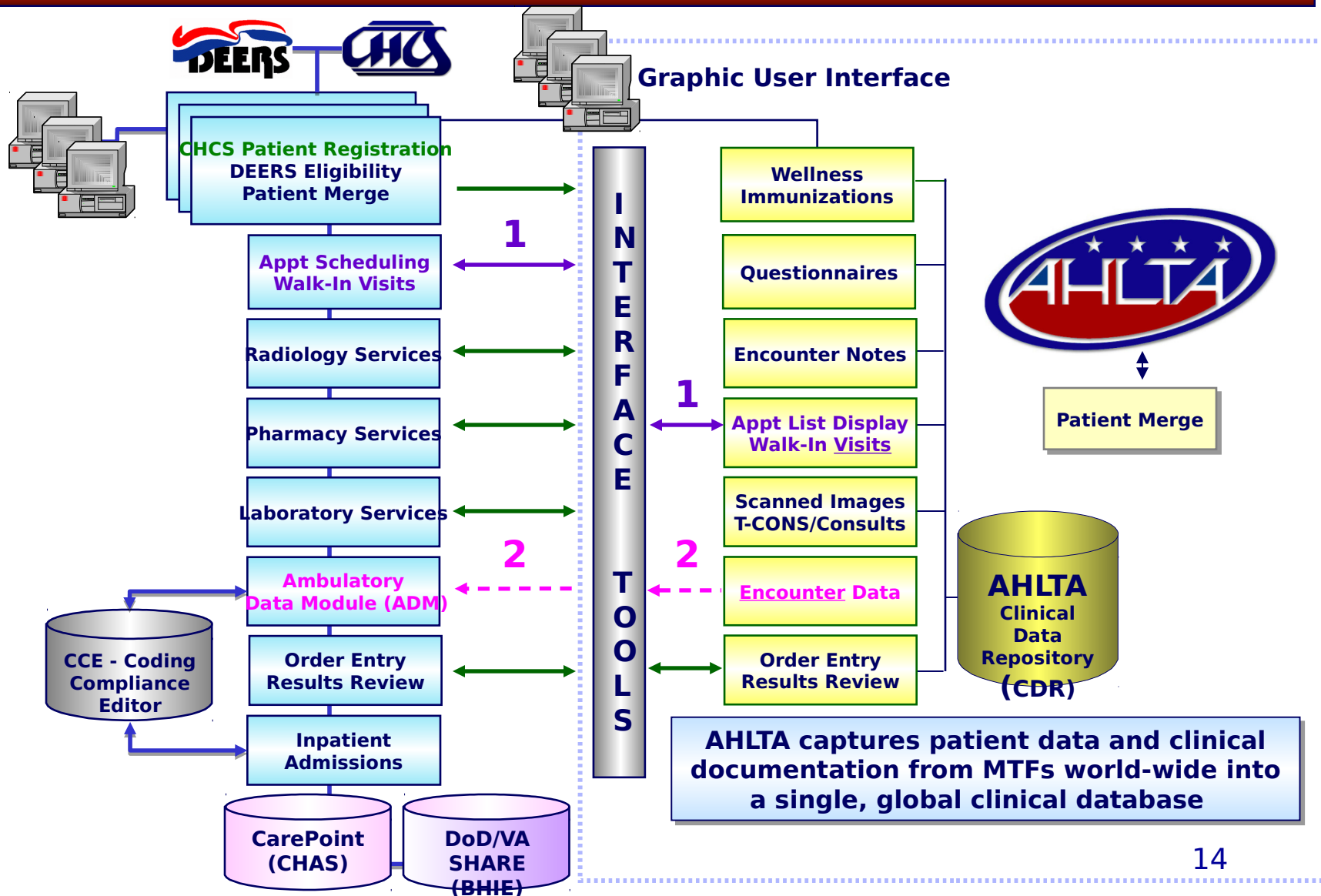


# Data Quality Management





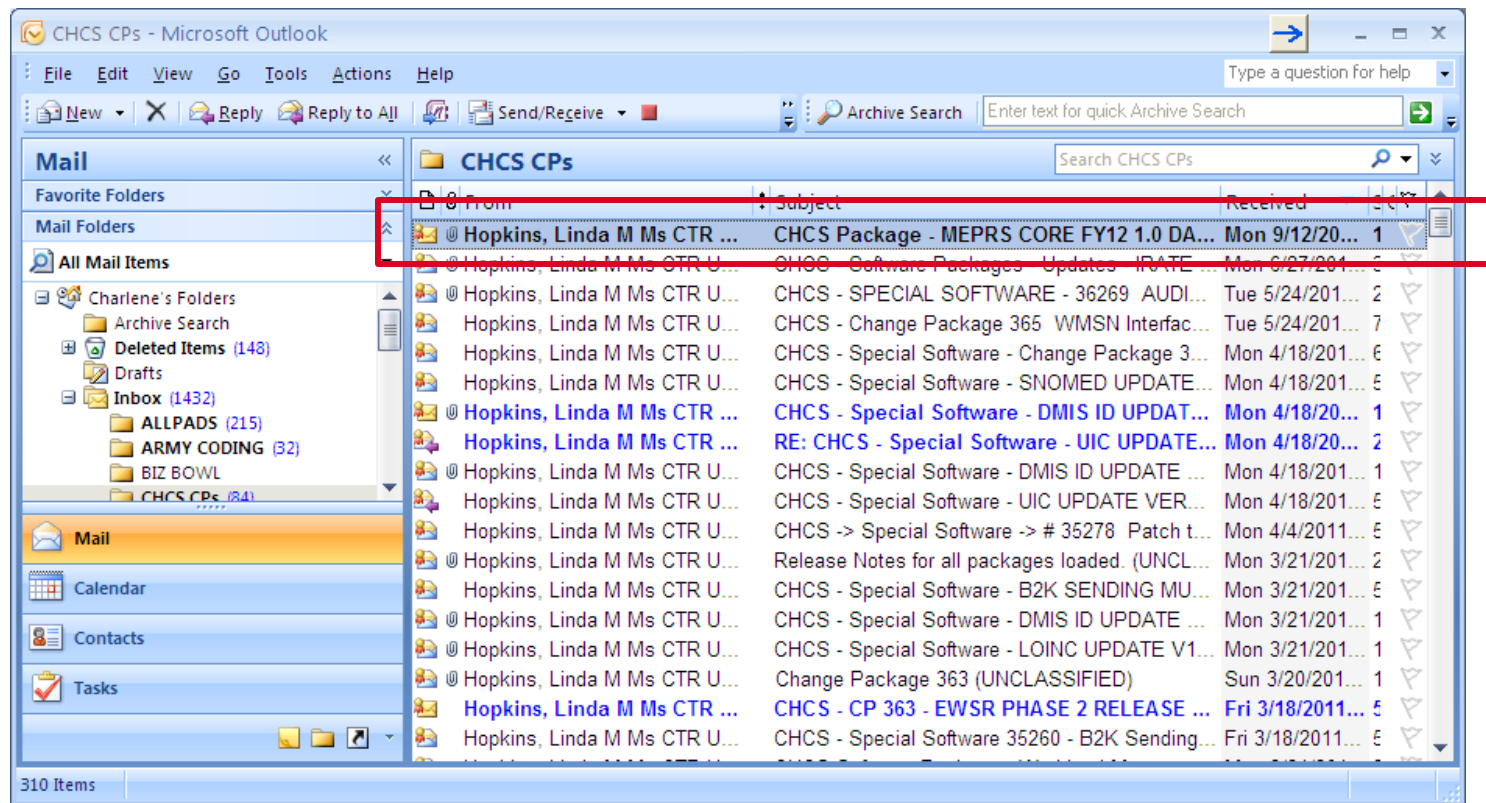
# Integrated Capabilities







# Update/Change Process

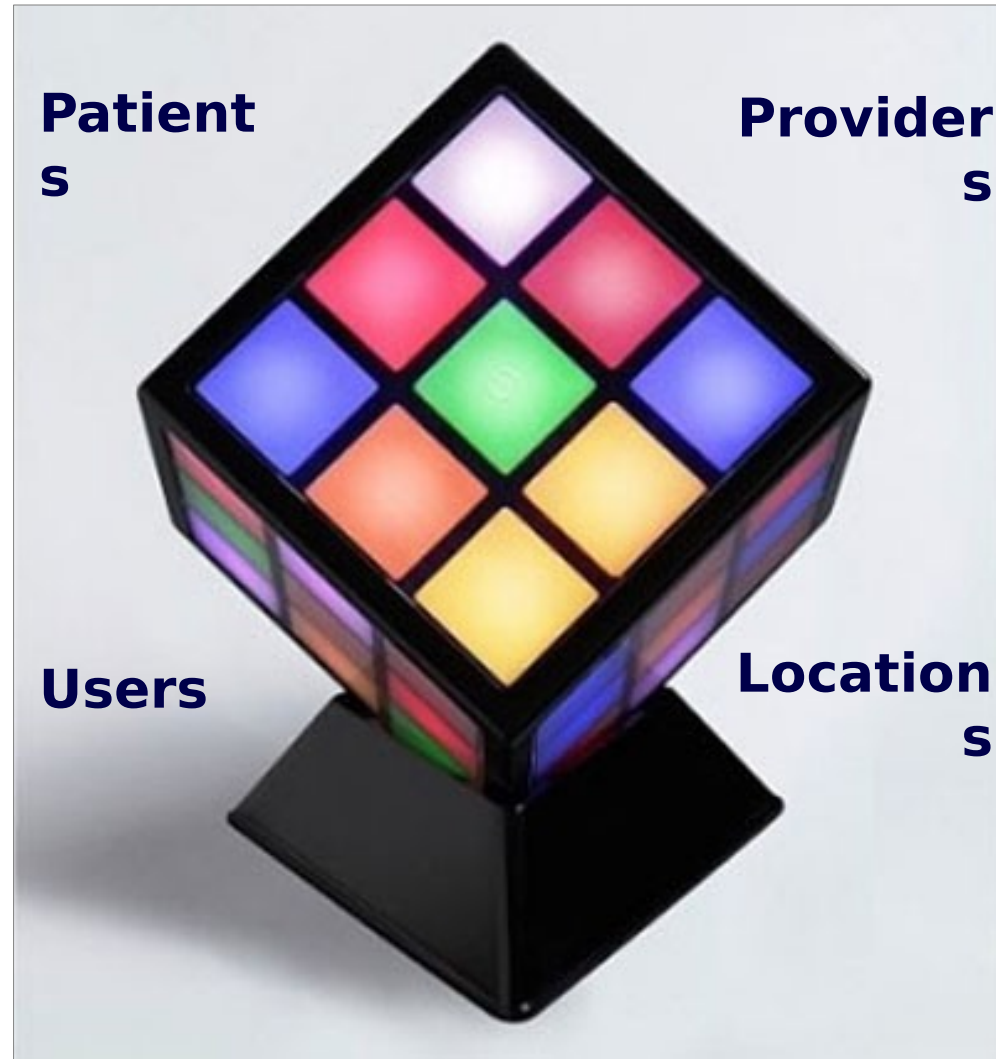


- **Periodic Software Updates include:**
  - **Special Software (SS) to update Standard Files such as:**
    - Defense Medical Information System (DMIS ID), Unit Identification Codes (UIC), ICD-9-CM/ICD-9-PCS and CPT/HCPCS Codes, Pharmacy, Billing Rate Tables, Zip Codes, etc.
  - **CHCS Change Package (CP) updates:**
    - Bug “Quick” Fixes and Minor changes
    - Must be installed by Systems Staff in sequence to ensure Configuration Management



# Files “Cube” Challenge...

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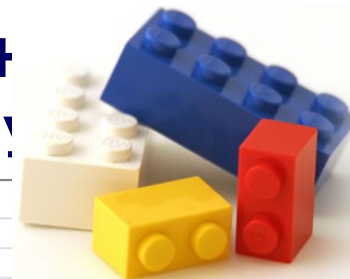




# MTF Managed Files

## 1. User File

- Who is authorized to access CHCS/AF
- Access levels defined by Security Key



FY-11 CHC Weekly Update										
As of 12 Sep @ 0500										
MONTH	Sep-11									
FCC	(All)	< SELECT								
STATUS OF PATIENT	(All)	< SELECT								
Appointment Distribution	APPT_STATUS									
APPT_BOOKED_BY	<input checked="" type="checkbox"/> CANCEL	KEPT	LWOBS	NO-SHOW	OCC-SVC	PENDING	S-CALL	TEL-CON	WALK-IN	Grand Total
MIDTIER,BRAGG		33	2		121		51	650	205	1,062
		33	150		15	22				220
		31	118	1	17	27				194
		25	134		10	24				193
		33	81		11	26				151
		26	94		11	15				146
		14	112	1	3	6				136
		10	101	1	7	11				130
		20	88		9	9				126
		12	76		4	4				96
		7	71		6	9				93
		12	60		10	2				84
		9	54		4	11				78
		13	40		2	5				60
TRICAREONLINE,USER		7	28		2	5				42



# MTF Managed Files

## 2. Patient File

- Unique identification of persons in the CHCS database
- Registration in the CHCS “Host” Database is required for the patient to be processed in AHLTA as a Walk-In/T-CON, Essentris Inpatient processing or for Ancillary Order Entry

Select PAD System Menu Option: ROM Registration Options Menu

FRG	Full Registration
MRG	Mini Registration
JRG	John Doe Registration
NHR	Non-Human Specimen Registration
ALG	Patient Allergy Information
VRG	View Registration Information
FPN	Former Patient Name
DER	DEERS Eligibility Request
ROUT	Registration Output Menu

Select Registration Options Menu Option: MRG



# MTF Managed Files

## 3. Provider File

- Includes both Direct Care and External Civilian Providers
- Medical Specialty->HIPAA Taxonomy
- National Provider ID (NPI)
- Clinical Order Entry Access/Approval Authority (CHCS/AUTH)

HCP_IEN	HCP ID	SPECIALTY	CHCS Name	Class	Aug-11	Grand Total
32141	ZDZMABC	004	PROVIDER,WAMC1	EMERGENCY PHYSICIAN	1	1
23869	ZNTHMW	001	PROVIDER,WAMC2	FAMILY PRACTICE PHYSICIAN	1	1
29091	ZTKXJUSTM	001	PROVIDER,WAMC3	FAMILY PRACTICE PHYSICIAN	1	1
20648	ZUGUJW	001	PROVIDER,WAMC4	FAMILY PRACTICE PHYSICIAN	1	1
31105	ZWZNTZNGN	001	PROVIDER,WAMC5	FAMILY PRACTICE PHYSICIAN	1	1
22671	BZXLZN	001	PROVIDER,WAMC6	FAMILY PRACTICE PHYSICIAN	1	1
23749	BZKWRBWNJ	004	PROVIDER,WAMC7	EMERGENCY PHYSICIAN	1	1
29247	BZKWRDZVX	004	PROVIDER,WAMC8	EMERGENCY PHYSICIAN	1	1
27081	BZPTK	001	PROVIDER,WAMC9	FAMILY PRACTICE PHYSICIAN	1	1
27057	BZYLWSZND	003	PROVIDER,WAMC10	FAMI.PRACT.PHYSICIAN RESIDENT	1	1
32158	BWCKBRZD	004	PROVIDER,WAMC11	EMERGENCY PHYSICIAN	1	1
26018	BWLPRWZM	001	PROVIDER,WAMC12	FAMILY PRACTICE PHYSICIAN	1	1
28956	BWNSPWTWJ	004	PROVIDER,WAMC13	EMERGENCY PHYSICIAN	1	1
22212	FXGUWROZ	001	PROVIDER,WAMC14	FAMILY PRACTICE PHYSICIAN	1	1
31027	BOWHLZRRR	001	PROVIDER,WAMC15	FAMILY PRACTICE PHYSICIAN	1	1
21099	BONGDW	001	PROVIDER,WAMC16	FAMILY PRACTICE PHYSICIAN	1	1
32547	BONTROBWC	004	PROVIDER,WAMC17	EMERGENCY PHYSICIAN	1	1
12479	BRZDFORDM	001	PROVIDER,WAMC18	FAMILY PRACTICE PHYSICIAN	1	1



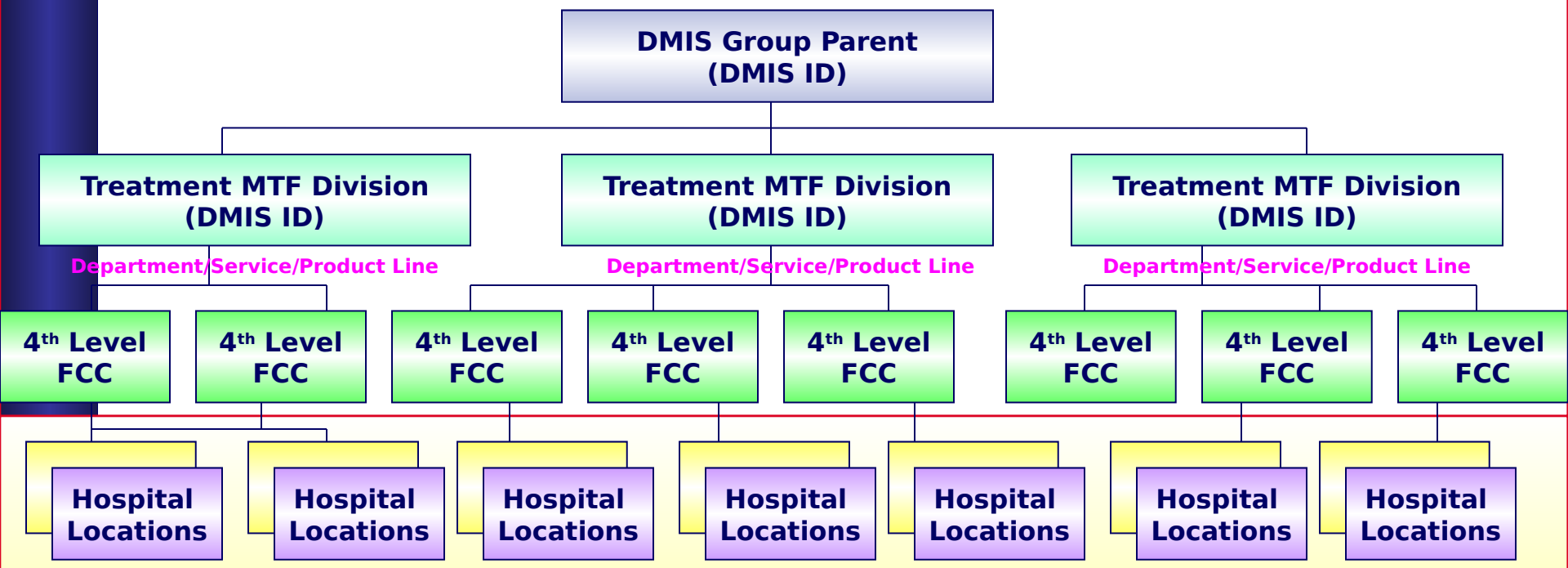
- **Identifies types of Services provided and where they are performed:**

- Inpatient Wards, Ambulatory Procedure Units (APUs), Outpatient Clinics, Ancillary Services Locations (LAB, RAD and Rx), Admin Areas/File Rooms, etc.

- **Linked to Functional Cost Codes (FCC) and Defense Medical Information System (DMIS) ID**



# Locations - “Linked In”



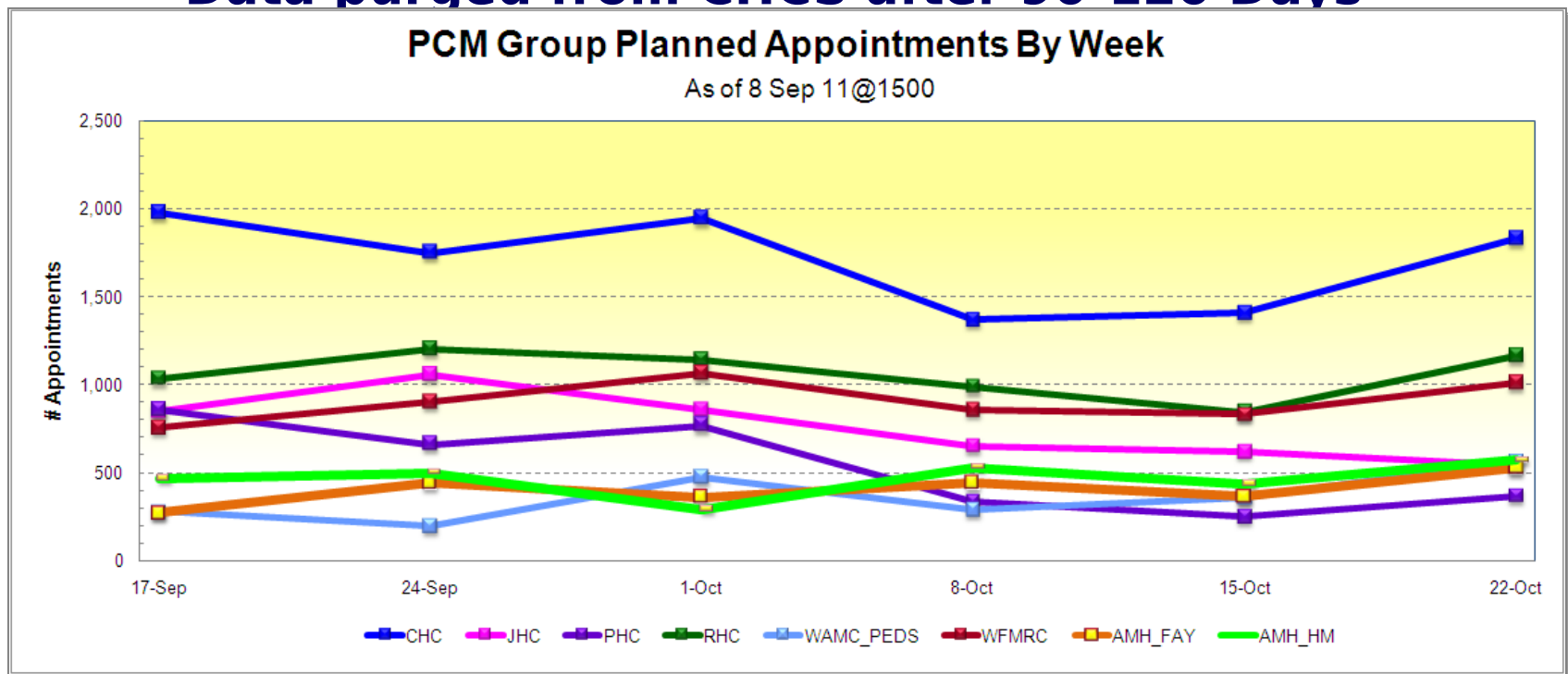
- **MTF Organizational Elements used for Workload Capture and Reporting by:**
  - Group Parent Defense Medical Information System ID (DMIS ID)
  - Treatment MTF DMIS ID
  - 4<sup>th</sup> Level MEPRS Code - Functional Cost Code (FCC)
  - Hospital Location
- **Hospital Locations “Places of Care” support MTF activities/services such as:**
  - Managed Care (Primary Care Manager) Teams
  - Wards, Clinics, Ambulatory Procedure Units, Ancillary Services, File Rooms, External Locations, etc.



# More Key Files...

## 5. Schedule Entity File

- Holds Schedule Templates for Clinic Appointments
- Data purged from CHCS after 90-120 Days





# More Key Files...

## 6. Patient Appointment File

- Contains Clinic Visits, Ambulatory Procedure Visits (APVs), Attending RNDS\* and Radiology (RAD\*)
- Sends Scheduled Appointments and Walk-Ins to AHLTA

**Captures key elements needed for Workload**

FY-11 CHC Weekly Update												
As of 12 Sep @ 0500												
MONTH	Aug-11	< SELECT										
HCP	(All)											
HCP_SIG	3	1 = RN/TECH										
FCC	BGAI	< SELECT										
STATUS OF PATIENT	(All)											
Appointment Distribution	APPT_STATUS											
CLINIC_LOC	KEPT	S-CALL	WALK-IN	TEL-CON	CANCEL	LWOBS	NO-SHOW	OCC-SVC	PENDING	ADMIN	Grand Total	
CHC-TEAM ADMIRATION	1,093		66	307	206	7	78	2	1		1,760	
CHC-TEAM BRAVERY	858	84	82	212	132		64	1			1,433	
CHC-TEAM CONFIDENCE	1,159	51	169	191	196	5	85				1,856	
CHC-TEAM DEVOTION	1,172	1	2	64	194	1	108				1,542	
CHC-TEAM ENDURANCE	650		30	102	154	1	57	1			995	
CHC-TEAM FREEDOM	963		21	169	162	5	72	23	1		1,416	
CLARK TELCON				1							1	
FLIGHT MED/CLARK	42		1	61	7						111	
INT MED-CLARK	246		26	28	35		16	3			354	
PEDIATRICS-CLARK	660		6	48	139	2	56	8		1	920	
Grand Total	6,843	136	403	1,183	1,225	21	536	38	2	1	10,388	



# ADMIN Visit Status



TOC | TRICARE Operations Center - Windows Internet Explorer



http://mytoc.tma.osd.mil/Front\_pageA.html#

File Edit View Favorites Tools Help

TOC | TRICARE Operations Center

CONTACT US HOME

  **TRICARE Operations Center**  
*Building Tools... For People Making a Difference*

  Building Tools... For People Making a Difference

**INTERACTIVE TOC TOOLS** Click to access the [Appointment Activity Tool](#)

Access To Care CHCS Appointment Activity Tool (AAT)  
Appointment Activities Tool This tool answers "What patient activity actually"

http://mytoc.tma.osd.mil/businessobjects/enterprise115/desktoplaunch/InfoView/logon/logon.do - Windows Internet Explorer

http://mytoc.tma.osd.mil/businessobjects/enterprise115/desktoplaunch/InfoView/logon/logon.do

File Edit View Favorites Tools Help

http://mytoc.tma.osd.mil/businessobjects/enterprise1...

1 / 1 DOIT.rpt - 01 100%

**CHCS Appointment Activity Tool**  
35 By Status for (0089) WOMACK AMC

[Back to Main Report](#)

APPOINTMENT DATE	PENDING	KEPT	FAC CANC	PAT CANC	NO SHOW	WALK IN	SICK CALL	TEL CON	LWOB	ADMIN
09/12/2011	0	1,797	126	267	205	865	17	469	23	5
09/11/2011	0	263	1	11	1	52	0	14	8	3
09/10/2011	0	281	11	6	1	65	0	31	4	3
09/09/2011	0	1,662	143	308	147	762	27	359	20	1
09/08/2011	0	2,174	128	430	183	964	30	471	10	5
09/07/2011	0	1,823	125	282	168	1,117	40	483	8	8





# Other Ooops...

---

- **Oh No!... The Wrong Patient was Checked-In, in AHLTA**
  - Unfortunately there Undo
  - It is not possible to update the Appointment to No-Show After they have been Checked In
- **What to Do??**
  - First - use AHLTA to Locate the patient that was Checked-In in error and update to Facility Cancel
  - Use CHCS End of Day (EOD) and locate the Patient Appointment and change the Facility Cancel to No Show

- It is understood that the CHCS and AHLTA Appointment Status will not match
- CHCS is the Source System of Record for all Appointment/Visit for TRICARE Operations Center and Workload Reporting
- Limit changing the Visit to an ADMIN Visit to current date. If encounter is coded and later changed to ADMIN, this will result in an ADM



- **Captures encounter Diagnosis and Procedure Coding**
  - Outpatient, APV and Inpatient Attending Provider RNDs\*

26



# Clinic Profile

- **Establishes Workload Type for the Clinic:**
  - COUNT
  - NON-COUNT
- **NON-COUNT Locations cannot have COUNT Visits:**
  - Special Programs
  - Nurse Clinics
- **Identifies Appointment Types for the Clinic Location:**
  - COUNT (ACUT, WELL, ROUT, EROOM, RNDS\*, T-CON\*, etc.)
  - NON-COUNT (RNDS\*)
  - NON-COUNT (RN T-CON\*)
- **AHLTA supports the Workload Flag set by CHCS by:**





# Clinic Profile (^CPRO)

## CLINIC PROFILE

Hospital Location: WFM-TEAM INTEGRITY

-----

Name: WFM-TEAM INTEGRITY  
Abbreviation: INTEGR  
Facility: WOMACK ARMY MEDICAL CENTER  
Division: WOMACK AMC FT BRAGG NC  
Building Name: WOMACK ARMY MEDICAL CENTER  
Building Number: 42817  
Street Address: REILLY ROAD  
ZIP: 28310  
City: FORT BRAGG  
State: NORTH CAROLINA  
Clinic Location: 1ST FLOOR,CLINIC WING  
Clinic Availability:  
Telephone: 910-907-6451  
Enrollee Lockout: NO  
Type of Care:  
Service: FAMILY PRACTICE SERVICES  
Department: FAMILY PRACTICE DEPT  
→ MEPRS Code: BGAA

- **CHCS Patient Appointment/Managed Care Program (PAS/MCP) Menu Option**
- **Normally managed by Clinic Staff**



# Clinic Profile (^CPRO)

## CLINIC PROFILE

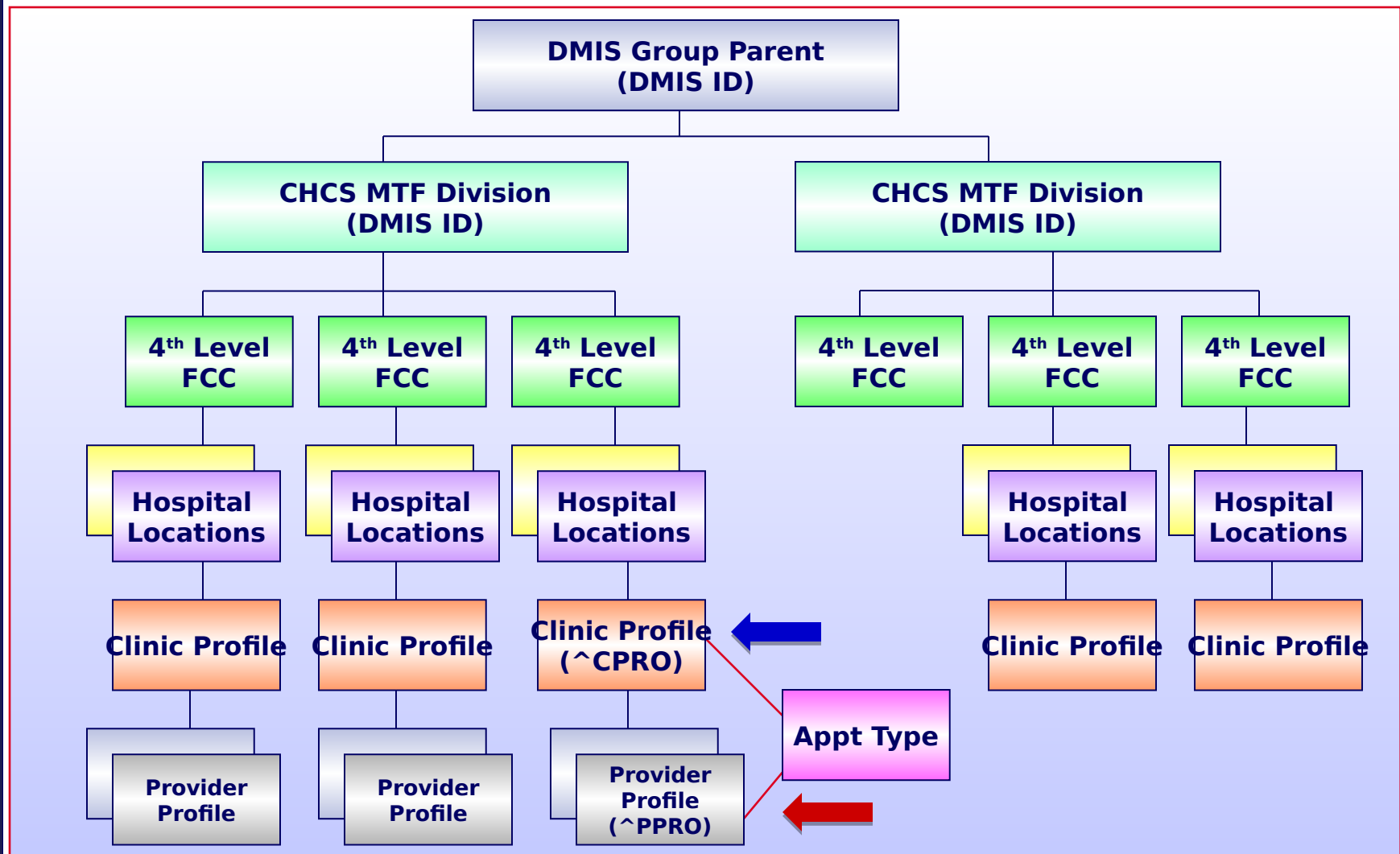
HOSPITAL LOCATION: WFM-TEAM INTEGRITY

Wait List Activated:	YES	Maximum Wait List Days:	200 day(s)
Wait List Provider Mandatory:	YES	Wait List Hold Duration:	200 day(s)
Auto Wait List Processing:	YES	Schedule Hold Duration:	30 day(s)
Prompt for Requesting Service:	NO	Patient Record Pull:	1 day(s)
→ Clinic Type:	COUNT	Radiology Record Pull:	0 day(s )
Check Holiday File:	YES	Roster Production:	4 day(s)
Cost Pool Code:		Prepare Reminder Notice:	4 day(s)
Activation Status:	ACTIVATED	Available Schedule:	10 day(s)
Access to Care Reporting:	YES		
Self-Referrals Allowed:	YES		
Clinic Appt Instructions:			





# Linking It All Together



Provider Profile identifies Clinic Locations where the Provider sees Patients and valid Appointment Types 30



# Provider File Elements

- **Provider ID (Short Name)**
  - Typically 5 characters of Last Name plus 1-2 Characters of First Name
  - Used by numerous MHS and Service reports
- **National Provider ID (NPI)**
  - Standard unique identifier for health care providers
- **Provider Class**
  - Locally defined Provider Type
  - Physician, Resident, Pharmacist, Clinical Nurse, Student, Technician, etc.
- **Provider Signature Class**
  - Establishes Provider Privileges for Ancillary Order Entry
- **Medical Specialty->HIPAA Taxonomy->CMAC Class**
  - CHAMPUS Maximum Allowable Charge (CMAC) Class used to calculate billing rate for Outpatient Itemized Billing
  - Multiple Specialties and HIPAA Taxonomies may be assigned
- **Active AHLTA Account (Yes/No)**



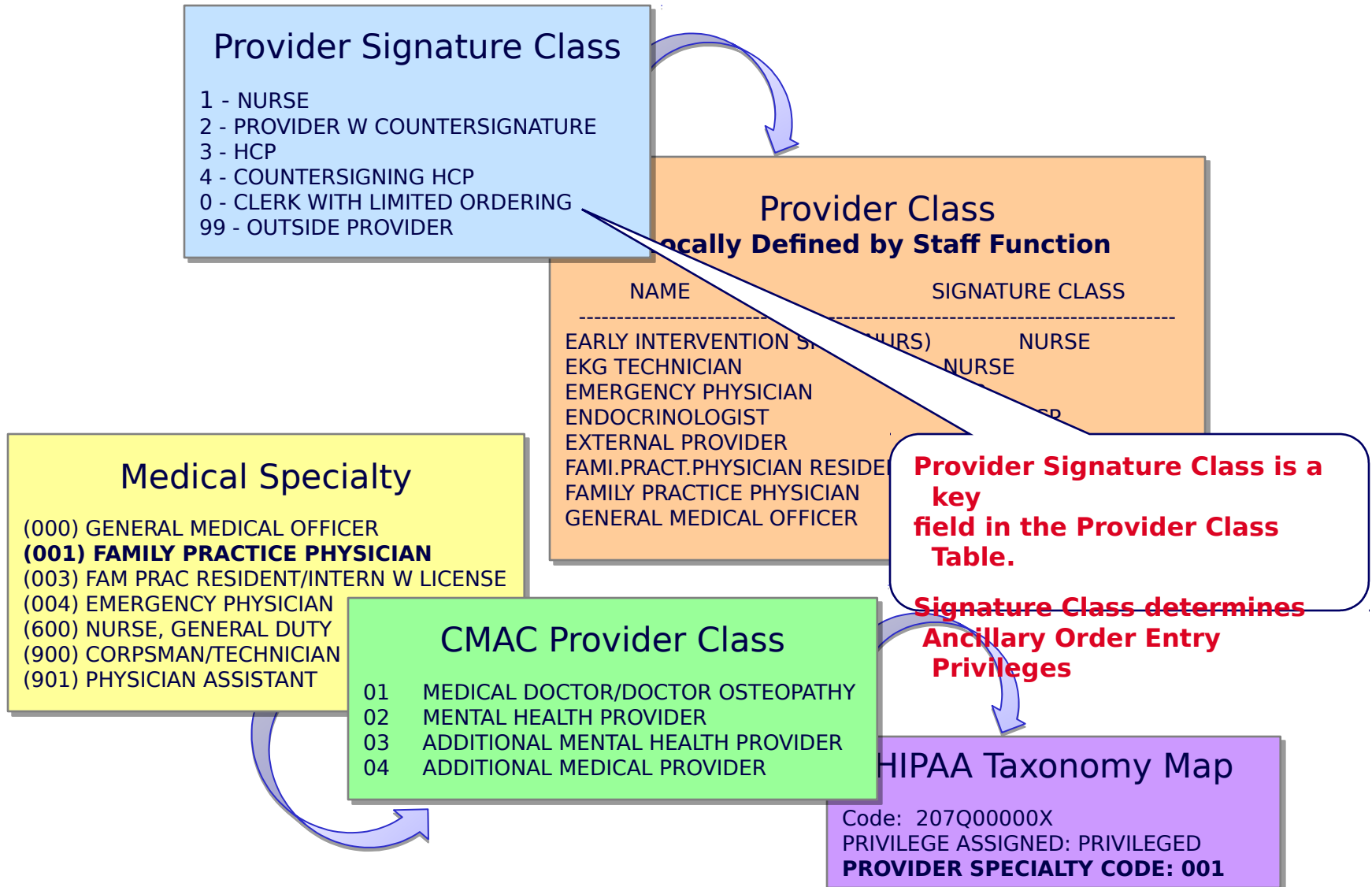
See Notes for Provider File Business Rules

[See CHCS Virtual Classroom for Common Files: Inactivate Provider](#)

er



# Provider File Maps







# Provider File Details

NAME: PROVIDER,WAMC      SEX: FEMALE      DOB: NN Au  
PROVIDER FLAG: PROVIDER      INITIALS: BJP      TITL  
SSN: NNN-NN-NNNN      RANK: CIVILIAN      BRAN  
SALUTATION: PHYSICIAN ASSISTANT  
SIGNATURE BLOCK: PROVIDER,WAMC, PA-C  
CLASS: PHYSICIAN ASSISTANT  
PROVIDER ID: PROVIDERJ      HCP SIDR-ID: 007133  
PRIMARY HIPAA TAXONOMY: 390200000X      EDI\_PN: NNNNNNNNNN  
REQUIRE SUPERVISING PROVIDER: NO  
PERSON IDENTIFIER TYPE CODE: SOCIAL SECURITY NUMBER (SSN)  
NPI ID TYPE CODE: INDIVIDUAL PROVIDER      NPI ID: NNNNNNNNNN  
NPI ID EDITABLE FLAG: UNEDITABLE      LOCATION: JHC-BLUE TEAM  
CLINIC ID: JHC-BLUE TEAM      DEPARTMENT ID CODE: FAMILY PRACTICE DEPT  
DRUG AUTHORIZATION KEY: OXYCONTIN  
PROVIDER SPECIALTY(S): (007) FAM PRAC RESIDENT/INTERN W/O  
PROVIDER SPECIALTY(S): (901) PHYSICIAN ASSISTANT  
HIPAA TAXONOMY: 390200000X  
HIPAA TAXONOMY: 363A00000X  
CCQAS LAST NAME: PROVIDER      CCQAS FIRST NAME: WAMC  
CCQAS MIDDLE NAME: J      CCQAS DATE/TIME OF LAST UPDATE: 25 Oct 2008@025937  
CCQAS-CONTROLLED FIELDS: ,.01,.12,.21,8,8002,8015,8147,      VERIFIED: YES  
ENTERED BY: STEVENS,DELORIS A      DATE@TIME ENTERED: 10 Jan 2002@131703  
VERIFIED BY: POSTMASTER      DATE VERIFIED: 25 Oct 2008@025937  
CMAC MODIFICATION DATE: 02 Dec 2010

**HCP SIDR ID is system generated based on Primary Medical Specialty and Sequence Number, when Provider Flag = PROVIDER**

**Inconsistent Medical Specialties entered, resulting in possible billing issues and DMHRSi Skill Type mis-match**

- CHCS Fileman (FM)->Inquire to File->Provider File will list details
- Display template [HISTORICAL CAPTIONED] will display Audit Trail of changes



# Provider File “Team”

- **IMD/Data Admin:**
  - Creates CHCS User Account
  - Assigns CHCS Security Keys (per Staff Role)
- **Credentials:**
  - Creates Provider File Entry in CHCS
  - Enters Medical Specialty/HIPAA Taxonomy
  - Enters Class/Signature Class
- **Clinical/Operations/MCP Network Manager:**
  - Sets PCM Flag
  - Manages PCM Capacity
- **Clinic Managers/Appt Supervisors:**
  - Clinic Profile Entry/Updates (^CPRO)
  - Provider Profile Entry/Updates (^PPRO)
- **IMD (System Admin, Security and Training):**
  - Security Clearance
  - Network Access
  - CHCS/AHLTA Account Transfer
  - AHLTA/CHCS Training
- **Business Systems (Personnel/MEPRS/DMHRSi):**
  - Provider Type->Skill Type-> Occupation Code
  - Name Match with CHCS (Based on DEERS/CCQAS Provider Name)
  - Pay Grade
  - Location Assigned
- **Locally Developed Form(s) designed and utilized to streamline and standardize processes**





# System Access Process

<b>To be completed by person on signature card. Authorizing personnel must <u>initial</u> each account</b>							
<b>NETWORK ACCESS INFORMATION</b>							
<input type="checkbox"/>	PC Login	<input type="checkbox"/>	VPN ACCESS (submit form W380-1d)	<input type="checkbox"/>	DEERS Worldwide		
<input type="checkbox"/>	Outlook	<input type="checkbox"/>	Other (specify) <input type="text"/>	<input type="checkbox"/>	ESSENTRIS		
<input type="checkbox"/>	CHCS (annotate access level below)						
<input type="checkbox"/>	Mailman Menu	<input type="checkbox"/>	Coding Menu	<input type="checkbox"/>	Laboratory Menu *	<input type="checkbox"/>	Emergency Room Menu
<input type="checkbox"/>	Medical Record Tracking Menu	<input type="checkbox"/>	Physician Menu	<input type="checkbox"/>	Social Work Menu	<input type="checkbox"/>	Clerk Front Desk
<input type="checkbox"/>	Mini registration	<input type="checkbox"/>	Results Retrieval	<input type="checkbox"/>	Pharmacy Menu *	<input type="checkbox"/>	OTHER (please specify)
<input type="checkbox"/>	Appointment Booking	<input type="checkbox"/>	Radiology Menu*	<input type="checkbox"/>	PAD Menu	<input type="checkbox"/>	
<input type="checkbox"/>	Nursing Menu (includes Order Entry)		<i>* Strictly for ancillary service employees</i>				
b. Has the employee been trained on CHCS? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, submit training request via WAMC, If YES, location of training <input type="text"/>							
Date of training: <input type="text"/>							
<b>* Note: Supervisor must submit a CHCS profile data sheet to Clinical Operations Division for employees required to have nurse signature class order entry access.</b>							

WAMC FORM 25-1U, MAY 2010 PREVIOUS EDITIONS ARE OBSOLETE WAMC v2.04

- **WAMC Form 25-1U outlines process steps for Security, System Access, User Accounts and CHCS Security Keys, specified by Clinic Administrator/Supervisor**



# Time to Break...

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# **Best Kept Secret! - OLUM**


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- **CHCS On-Line Users Manual (OLUM)**
- **Electronic documentation and index of CHCS Functions and Reports**
- **Accessible by ALL CHCS Users:**
  - Type OLUM (from any Menu display in CHCS)
  - Select IND to access the OLUM Index
  - Select CHCS Sub-System (Arrow Down to view additional topics)
  - Browse or Find topic of interest such as “Monthly” or “Hospital Location”
- **Does not include recent CHCS updates**



# Topics by Sub-System

## OLUM INDEX

	BAS	Basic CHCS Information
	CLN	Clinical
	DTS	Dietetics
	FQA	Facility Quality Assurance
	LAB	Laboratory
	MCP	Managed Care Program
	MM	MailMan User Guide
	MSA	Medical Services Accounting
	PAD	Patient Administration
	PAS	Patient Appointment and Scheduling
	PHR	Pharmacy
	RAD	Radiology
	RIT	Record/Image Tracking
+	WAM	Workload Assignment Module

The CLN volume includes information on:

- Enter/maintain orders, document patient care functions
- Review clinical results/orders, flowsheets and graphs
- Telephone consult, clinical desktop, and more.


Press <F10> to return to the OLUM Menu.

- **Select CHCS Sub-System**
- **Select “Browse” from Action Bar Menu to view documentation and report samples**



# Sub-System Topics Index

## PAD ONLINE USERS MANUAL INDEX

	1	(204) Clinical Records with Forced (Override) Flag	2.9.13.6.7
	2	(460) No of Dispositions and Days Data by DRG	2.9.13.6.1
+	35	ADT Processing Output Menu	2.4.11
	36	Cancel ADT Transactions	2.4.7
	37	Change Clinical Service	2.4.10
	38	Corrections and ADT View	2.4.8
	39	Disposition option (General Information)	2.4.2
	40	Information Desk Display	2.4.5
	41	Interward Transfer	2.4.3
	42	Projected Disposition	2.4.9
	43	Review Pending ADT Actions	2.4.4
	44	RON Admission	2.4.6
	45	ADT Processing Output Menu	2.4.11
	46	Adm & Disp Recap by PATCAT	2.4.11.1
	47	Admission and Disposition Report	2.4.11.2
	48	Admission by Diagnosis Report	2.4.11.3
	49	Admission Cover Worksheet	2.4.11.4
	50	Admission Notification to Unit	2.4.11.5
	51	Admission Verification Worksheet	2.4.11.19
+	52	Alpha Roster	2.4.11.6


Access text and browse through information.

<Select> = Select item      <Return> = Redisplay action bar      ? = Help



# Patient Registration

---

- **Patient MUST be entered into the CHCS “Host” database to be able to be used in AHLTA or DoD/VA SHARE**
- **CHCS checks to help prevent creation of duplicate patients**
  - Double entry to confirm Sponsor SSN
- **Requires Fileman “&” (Ampersand) key to enter new patients**
- **Allows Pseudo-Individual SSNs (800-YY-MDDD)**
  - Assign responsibility for updating Pseudo SSNs
- **Allows users with Full or Mini-Registration access to update:**
  - Address and Contact Information
  - Outpatient Medical Records Location
  -  - Patient Category – to identify beneficiary relationship to the MHS
  - Station/Unit ID – MTFs can create locality specific Unit ID Table





# Patient Registration Flow



- DEERS is considered to be the “gold” standard for Patient Identity and key data elements that uniquely identify a Beneficiary.
- When a new patient is being added to CHCS, data from DEERS is downloaded into CHCS.
- CHCS Change Package of April 2011, established New Security Keys to prevent Users from by-passing DEERS matching.
- Users with the Fileman “&” ampersand key will only be allowed to create new Patient Records, if the patient is found in DEERS, unless they also have the NEW **DG ADD PATIENT** Security Key that allows them to add Patients to CHCS - NOT Found in DEERS.



# Mini-Registration

Patient: PATIENT,TEST C      Mini Registration  
FMP/SSN: 20/999-99-9905      DOB: NNFebNN      PATCAT: N22      Sex: F

★ Patient: PATIENT,TEST C      DOB: NN Feb NNNN      ★  
PATCAT: N22 (USN RES INACT DUTY TRG)      FMP: 20  
Home Phone: 910NNNNNNN      W: 9109079989      SSN: 999-99-9905      ★  
Patient Addr: NNNN WISTERIA LANE      Sex: FEMALE      ★  
City: FAYETTEVILLE      St/Cntry: NC      Zip: 28314-9212  
Sponsor: PATIENT,TEST C      Service: NAVY  
FMP: 20      Sex: FEMALE      Sponsor SSN: 999-99-9905  
PATCAT: N22 (USN RES INACT DUTY TRG)      DOB: 23 Feb NNNN  
Command Sec:      Rank: LIEUTENANT COMMANDER      ★  
Local UIC:  
Duty Address:  
City:      St/Cntry:      Zip:  
Duty Phone: 9105559989      DSN:

Reg Comment: HIPAA METHOD OF CONTACT - HOME PHONE

- Key person identifier elements “synched” with DEERS are “Locked Down” ★
- MTF Staff are responsible for Patient Category updates for Billing and Workload
- Updates to Demographics and Contact Information MUST be made in CHCS
- Consider using Home Phone as Preferred Method of Contact
- Full Patient Registration is required for Admissions processing



# DEERS Address Updates

---

- **Do not use % \* ~ ? [ ] { } in the address field**
- **Enter complete Phone Number including Area Code**
- **CHCS/DEERS Address Updates:**
  - CHCS requests eligibility data from DEERS, for NEW Registrations
  - Address information from DEERS is downloaded into CHCS
  - A date/time stamp is associated with the address update
  - If the patient is found in DEERS, the DEERS Patient ID is downloaded to the CHCS patient file
  - When the address is updated on CHCS, DEERS is updated, ONLY IF there is a Enterprise Person ID in CHCS
  - When DEERS receives update message, it compares the address update

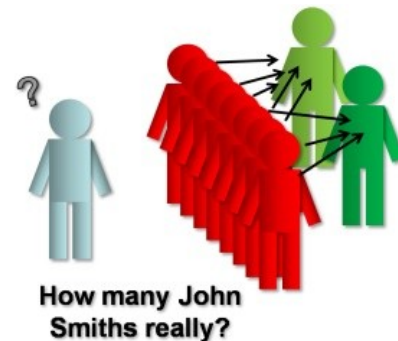
After the initial registration, CHCS does not automatically update address data from DEERS unless the user specifically uses the "Demographics" action on the DEERS Eligibility Request option, and chooses to update the data.

User must also have the CHCS DG Reg Sync Security Key to synchronize/download DEERS data elements into CHCS.



# Duplicate Patients

- **Duplicate Patient Prevention and Merge processing in CHCS is critical to ensure a single electronic medical record in AHLTA**
- **Frequent causes for duplicate patients in (**
  - Newborns (Twin births)
  - Typographical and/or Transcription Errors
  - Name & Sponsor Changes
  - Pseudo-SSNs (John Doe Registrations)
  - Mail-In Labs (Creates Pseudo Patient Name)
  - Lack of Dual Eligibility Patient Indicator in DEERS/CHCS
- **CHCS Potential Duplicate Patient Search identifies potential duplicates for DQMCRL Review List Item C.2. Item a)**
- **CHCS User Registration Report identifies users requiring additional training to support DQMC Review List C.2. Item b)**
- **Dedicated MTF POC needed to investigate duplicates and perform patient merges on CHCS**
- **MHS Trouble Ticket required to resolve duplicate patients in AHLTA**





# DQMCRL Reporting

---

- **Run CHCS standard report - "Potential Duplicate Patient Search"**
- **Only CHCS Host MTF platform should report**
- **MTFs on shared CHCS host platforms should report the count for the platform and note that the platform is shared and which MTFs share the platform (list by DMIS ID and DMIS Facility Name)**



**Duplicate Patient Reporting Menu, Security Keys and Report Samples (See Back-up Materials)**



# Risk and Prevention

- **Potential Risk to Patient Safety!**

- CHCS cannot perform Drug-Allergy checks across duplicate records
- Pharmacy Data Transaction System (PDTs) may miss critical Drug-Drug checks
- Important clinical history may not readily visible in CHCS, DoD/VA SHARE and AHLTA
- Implications for Orders entered in AHLTA – Appears to the Provider as “Orders NOT Writing Back to CHCS”

- **Train Patient Look-Up Processes:**

- CAC Card Look-Up (Bar Code Scanner)
- Verify against Military ID Card/CAC Card (DoD ID#)
- First Initial of Last Name + Last 4 Sponsor SSN -> C
- Partial Name -> COLON,C (Comma,NoSpace)
- Last Name+Last 4
- Full Patient (Individual) SSN -> 123441234
- Hyphenated Last Names (No Hyphen)





# Enrollment Processing

- **Interface between CHCS/DEERS supports TRICARE Managed Care Enrollments for TRICARE Prime MTF Enrollees**
- **When key data elements or Sponsor data does not match between CHCS/DEERS, an error or discrepancy will be reported**
- **Enrollment data errors potentially impact successful updates:**
  - New Enrollments
  - Enrollment and PCM Transfers
  - Family Member Enrollments
- **MTFs are not credited with the enrollment if there is an enrollment error and the enrollment is not valid in DEERS**
- **Enrollment error Network Consult impacting Patient Care**



Your Military Health Plan

**delays in TRICARE g processed -**



# Call in the "PIT" Crew!!!

NED Discrepancy Report						
Report Run Date:		13-Sep-11				
Parent DMIS	Child DMIS	Facility Name	BOS	HSR	Region	Count
6992		ACTIVE DUTY NAVY	Navy	0	Overseas	9,471
106		28th MED GRP-ELLSWORTH	Air Force	19	West	1,104
89		WOMACK AMC-FT. BRAGG	Army	17	North	1,051
60		BLANCHFIELD ACH-FT. CAMPBELL	Army	17	North	714
91		NH CAMP LEJEUNE	Navy	17	North	713
56		FHCC-FORMERLY NHC GREAT LAKES	Navy	17	North	664
364		17th MED GRP-GOODFELLOW	Air Force	18	South	642
124		NMC PORTSMOUTH	Navy	17	North	591
109		BROOKE AMC-FT. SAM HOUSTON	Army	18	South	579
618		NH ROTA	Navy	13	Overseas	547
43		325th MED GRP-TYNDALL	Air Force	18	South	512
62		2nd MED GRP-BARKSDALE	Air Force	18	South	508
39		NH JACKSONVILLE	Navy	18	South	507
117		59th MED WING-LACKLAND	Air Force	18	South	477
612		BRIAN ALLGOOD ACH-SEOUL	Army	14	Overseas	461
120		633rd MED GRP LANGLEY-EUSTIS	Air Force	17	North	449
69		KIMBROUGH AMB CAR CEN-FT MEADE	Army	17	North	448
306		NHC ANNAPOLIS	Navy	17	North	377
118		NHC CORPUS CHRISTI	Navy	18	South	376
29		NMC SAN DIEGO	Navy	19	West	356
79		99th MED GRP-O'CALLAGHAN HOSP	Air Force	19	West	335
18		30th MED GRP-VANDENBERG	Air Force	19	West	320
366		359th MED GRP-RANDOLPH	Air Force	18	South	299
67		NNMC BETHESDA	Navy	17	North	266

Source:

TRICARE Operations Center [http://mytoc.tma.osd.mil/Front\\_pageA.html](http://mytoc.tma.osd.mil/Front_pageA.html)

NED Discrepancy - Patient Information Transfer (PIT) Summary





# Visit Criteria ???

---

- **MEPRS Workload Reporting guidelines establish the definition for:**
  - » "COUNT" Visits
  - » "NON-COUNT" Visits
- **A "COUNT" VISIT requires 3 Key Elements to = Workload:**
  - » 1. Interaction between patient and healthcare provider
  - » 2. Independent judgment/assessment of patients condition, to accomplish one or more of the following:
    - Examination
    - Diagnosis
    - Counseling
    - Treatment
  - » 3. **Documentation**

**Focus has shifted from Counting "Visits" to Measuring Work/Services Provided**



# Workload Assignment

---

- **Workload Reports:**

- World-Wide Workload Report (WWR)
- WAM/EAS (Cost Accounting)

- » **Workload Assignment:**

- DMIS ID Group Parent->Treating MTF DMIS ID
- Only COUNT Visits are reported as Visit Workload
- 4<sup>th</sup> Level MEPRS Code (Functional Cost Center - FCC):
  - » Inpatient - "A" Level FCCs
    - # Admissions/Dispositions and Occupied Bed Days
  - » Outpatient - "B" Level FCCs and (Dental - "C" Level FCCs)
    - # COUNT Visits
  - » Special Programs - "F" Level FCCs (FBN\* Hearing Conservation)
    - # COUNT Visits
- Patient Category (Rolls up to Beneficiary Category)
- Patient Status (Inpatient/Outpatient)
- Appointment Status (KEPT, S. CALL, WALK IN, or T



# Inpatient Visits

## WALK-IN SEARCH CRITERIA

Patient: HEALTHE,YOU

Clinic: QQQCHCSIITESTBRAGG CLINIC/WAMC

Clinic Phone:

Provider: QQQCHCSIITEST,BRAGGDOCA

Detail Codes:

Time Range: 0950 to 0950

Dates: 14 Feb 2010 to 14 Feb 2010

FMP/SSN: 30/800-11-2255

ATC Category:

Appt Type: ACUTE APPT

Duration:

Srv Type:

Days of Week:

**This is an inpatient.**

**Are you from the attending service? No//**



- **Both CHCS and AHLTA will prompt:**
  - (CHCS) Are you from the attending service? No//
  - (AHLTA) Related to Inpatient Stay?:
- **Allied Health Providers-> Accept CHCS default**
- **Consulting Providers-> Accept CHCS default o**
  - The Visit will be a COUNT and assigned to a "B"
- **Only the Attending Clinical Staff of the Same Clinical Service should answer "YES"**





# AHLTA Inpatient Prompt

**1.** New Unscheduled Appointment/Telcon Visit

Patient found as InPatient(MEPRS Code:YYYYA)

**5.** Change Patient ...

**1.** Date & Time: 04 May 2011 1232

**2.** Assigned Clinic: QQQCHCSIITESTBRAGG CLINIC(BTST)

Provider: COLO

**Appointment Type**

ACUTE APPT (ACUT) 15  
ESTABLISHED/FOLLOW UP APPT (EST\$) 20  
GROUP APPT WITH MULTIPLE PTS (GRP) 62  
ROUTINE APPT (ROUT) 20  
TELEPHONE CONSULT (T-CON\*) 30

**Appointment Classification**

☐ Outpatient  
☒ Inpatient

**Observation**

☐ Observation

**Meets Outpt Visit Criteria?**

☐ Yes  
☐ No

**USV Type**

☒ Walk-In ☐ Sick Call

**Related to Inpatient Stay?**

☐ Related to Inpatient Stay?  
☐ Related to Injury/Accident?

**Call Back Number**

**Reason for Appointment**

Test of Inpatient Visit

**Urgency**

☐ High  
☐ Medium  
☒ Low

**Comments**

**3.** Related to Inpatient Stay?

the care for this visit being delivered under the same clinical specialty to which the patient was admitted (i.e. is the outpatient visit associated with the patient stay)?

**4.** Yes No

OK Cancel

1. Note: Patient found as InPatient (MEPRS YYYYA)
2. Leave Blank
3. Pop Up Message will then be displayed
4. Click No - "the Visit is NOT associated with the inpatient stay..."
5. Visit/Encounter will then be credited to the Assigned Clinic



# e-MSR Monthly Detail

e-MSR View									
CHCS Pull of 4 May @2000									
APPT MONTH		Apr-11							
Count of A_IEN				INPT	OUTP	WORKLOAD			
				OUTPATIENT		INPATIENT		Grand Total	
CLINIC_LOC	FCC	APPT_STAT	COUNT	NON-COUNT	COUNT	NON-COUNT			
AUDIOLOGY-JOEL CLINIC	BHDN	KEPT	12						12
AUDIOLOGY-JOEL CLINIC Total			12						12
INTERNAL MED - JOEL	BGAN	KEPT	128						128
		TEL-CON	26						29
INTERNAL MED - JOEL Total			154						157
JHC-BLUE TEAM	BGAN	KEPT	1520		120		4	1	1645
		WALK-IN	4						4
		TEL-CON	80		234				314
		OCC-SVC	8		41				49
JHC-BLUE TEAM Total			1612		395		4	1	2012
JHC-FLIGHT GOLD TEAM	BGAN	KEPT	20		21				41
		TEL-CON			1				1
JHC-FLIGHT GOLD TEAM Total			20		22				42
JHC-RED TEAM	BGAN	KEPT	495		259				754

- CHCS Ad-Hoc from the Patient Appointment File helps reconcile Workload Reports:
  - World-Wide Workload
  - EAS/Workload Assignment Module
- Exclude OCC-SVC COUNT Visits to reconcile to the WWR (3,643 COUNT Visits)

	WALK-IN		1			1
OPTOMETRY-JOEL HEALTH Total		268	16			284
Grand Total		3,659	1,291	4	1	4,955



# Workload Comparisons

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- The **COUNT/NON-COUNT Visit Workload Flag** impacts the comparison of Outpatient workload data in the following sections:
  - **DQMCRL Section C9.**
    - # of SADR encounters (count only)\* / # of WWR visits
    - # of EAS visits / # of WWR visits
  - CHCS Security Key **SD WK LOAD** allows trained users to change the Workload Flag (COUNT/NON-COUNT in EOD)
  - A daily file from CHCS Patient Appointment File (based on End of Day Visit processing) is sent to M2 to forecast the number of SADR Encounters - "I" Inferred SADRs
  - Daily Appointment file sent to M2 also includes COUNT and the NON-COUNT Workload Flag



# Inpatient Admissions

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- **CHCS is the source system for Inpatient Admissions, Transfers and Dispositions:**
  - Assigns Occupied Bed Days (OBDs) at the Census Hour, to the current Clinical Service
  - Day of Admission is always equal to an OBD, even if the Admission is less than 24 Hours, unless the patient is a Transfer In and Out the same day
  - Day of Discharge is not counted as an OBD for Workload or Billing
  - Current Clinical Service used as the Requesting Location for Inpatient Ancillary Services
- **Inpatient Coding:**
  - ICD-9 Codes used to capture both Diagnosis and Inpatient Procedures
  - NATO STANAG (2050) for Cause of Injury Coding
  - Diagnosis Related Grouping (Inpatient CCE – MS-DRG Grouping)



# Attending RNDS\*

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- **Current Attending Provider and Clinical Service used to create Inpatient Professional Services Record (IPSR RNDS\*) in CHCS Ambulatory Data Module (ADM)**
- **The RNDS\* Encounter is used to capture the Inpatient Professional Services of the Attending Provider**
- **RNDS\* Encounters are completed in ADM:**
  - ICD-9 Diagnosis
  - CPT Procedures (Including Evaluation & Management Codes)
- **RNDS\* Encounters not completed within 30 days are automatically Cancelled by CHCS**
- **RNDS\* Encounters will display in AHLTA. Monitor that Providers DO NOT CANCEL RNDS\* in AHLTA**
- **Recommend that the 99499 “Placeholder” be entered for RNDS\***
  - RNDS\* are NON-COUNT and do not require an E&M Code if there is a CPT Code entered





# Corrections Management

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- **Correction Management allows corrections to:**
  - Inpatient Clinical Service ("A" Level FCC)
  - Admission-Disposition Date/Time -> Occupied Bed Days
  - Inpatient Patient Category used for Workload and Billing
  - Recalculates OBDs for Inpatient workload reporting and MSA Inpatient billed charges
  - Does not support corrections to Ancillary Requesting Locations
  - **DG CORMAN** Security Key provides ability to change Admissions data, including Patient Category and Bed Days to recalculate MSA Billed Charges
  - Corrections Management Security Key should be limited to PAD Supervisory Staff



# Corrections Management

Patient: BXXXX,XXXXX  
FMP/SSN: 20/XXX-XX-XX22      DOB: XXFebXX      PATCAT: A31      Sex: M      VIEW ADT

TYPE	DATE	TIME	RMEPRS	MEPRS	WARD	RM-BD	DAYS
ADM	14Aug11	2030	AAAA	AAHA	ICU2W	3	Reg# 1306883 (T) ERA
WRD	17Aug11	1316	AAAA	AAAA	4SMED	3	Interward transfer
DSP	20Aug11	1340					Disp type: HOME
							Bed days=6
							Sick days=6

- **Corrections Management ONLY supports Inpatient data:**
  - Patient correctly admitted to AAAA with the system transfer to an ICU (AAHA) Location and Dispositioned from the AAAA FCC
  - AAAA is the Referring MEPRS (R-MEPRS) for Occupied Bed Days
  - SDR and WWR will contain OBDs for “A” Level ICU FCCs, however WAM/EAS will include these OBDs as R-MEPRS
  - Inpatient Professional Services Records (IPSR) created by CHCS ADM will use the current Clinical Service or R-MEPRS for the RNDS\* Encounter
  - IPSRs are assigned to the R-MEPRS not “A” Level ICU FCCs





# Inpatient Data Extract

- **Inpatient data is reported in Standard Inpatient Data Record (SIDR)**
- **The SIDR is an ASCII Batch extract file of patient level Inpatient data, generated monthly by CHCS:**
  - Army MTFs also create in interim monthly SIDR – “D” Records Only
  - “D” Records contain a Final Assigned DRG
- **Key SIDR data elements include:**
  - Treatment MTF DMIS ID
  - Admission/Disposition Dates
  - Source of Admission/Type of Disposition
  - ICD-9-CM Diagnosis & Procedure Codes
  - MS-Diagnosis Related Group (DRG) and Weight
  - Patient Demographics (including Patient Category and Enrollment)
  - Age at Admission
  - Occupied Bed Days per Clinical Specialty (4<sup>th</sup> Level FCC)
  - Intensive Care Unit (ICU) Days
  - MEPRS Code of the Referring Clinical Specialty for ICU Care



■ **See Notes view for SIDR Record Status**



# SIDR Status

SIDR Days Summary					
As of 19 Aug@1100					
Table Source: Raw_Data					
DC FY	FY-11				
SVC	(All)				
CLN SVC ADMIT	(All)				
Count of REG NBR		MET	NOT MET	Blank	Grand Total
DC MO	CODING	MET	NOT MET	Blank	Grand Total
Oct-10	Approved	27	1,089		1,116
	Cancelled			15	15
Nov-10	Approved	929	129		1,058
	Cancelled			14	14
Dec-10	Approved	967	108		1,075
	Cancelled			15	15
Jan-11	Approved	1,072	87		1,159
	(blank)			1	1
	Cancelled			27	27
Feb-11	Approved	1,012	64		1,076
	Cancelled	1		22	23
Mar-11	Approved	1,133	37	2	1,172
	Cancelled	2		27	29
Apr-11	Approved	1,127	33		1,160
	Cancelled	1		11	12
May-11	Approved	1,078	30		1,108
	Cancelled	2		19	21
Jun-11	Approved	1,116	48		1,164
	Not Coded			4	4
	(blank)				
	Cancelled			18	18
Jul-11	Approved	953	8		961
	Not Coded			106	106
	(blank)				
	Cancelled	1		21	22
Aug-11	Not Coded			575	575
	(blank)				
	Cancelled			7	7
Grand Total		9,421	1,633	884	11,938

FY11 Coding Date for Oct 10, includes the 927 re-transmitted SIDRs due to Wrong DRG Encoder

SIDR Avg Days			
DC FY	FY-11		
SVC	(All)		
CLN SVC ADMIT	(All)		
DC MO	CODING		
Jan-11	Approved	Transmitted	17.3
Feb-11	Approved	Approved	171.5
		Force Transmitted	12.1
		Transmitted	14.3
Mar-11	Approved	Approved	150.9
		Force Transmitted	13.2
		Released to A&D	13.3
		Transmitted	13.6
Apr-11	Approved	Approved	122.3
		Force Transmitted	18.7
		Released to A&D	19.6
		Transmitted	18.7
May-11	Approved	Force Transmitted	19.0
		Released to A&D	17.5
		Transmitted	17.1
Jun-11	Approved	Approved	52.6
		Force Transmitted	19.2
		Incomplete	50.1
		Rejected	16.6
		Transmitted	19.0
	Not Coded	Incomplete	
Jul-11	Approved	Approved	21.0
		Force Transmitted	21.2
		Incomplete	27.7
		Rejected	23.6
		Released to A&D	24.5
		Transmitted	21.6
		Force approved	21.4
	Not Coded	Incomplete	
		(blank)	
Grand Total			17

## Notes

- High # SIDR Not Met Expected during Qtr each FY due to delays in receiving updated ICD-9 and DRG tables.
- FY10 ICD-9/MS-DRG Table updated 16 Jan 2010
- FY11 ICD-9 and DRG Table updated 19 Oct 2010
- Pre-Coding FY10 -11Admissions in CCE, reduced Catch-Up Time to transmit SIDRs



# MS-DRGs in 2009

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- **MHS transitioned from CMS Diagnosis Related Groups (DRGs) to Medicare-severity DRGs**
- **Expands # of DRGs from 538 to 745**
- **Caution when pulling 2009 data by DRG from CHCS!!! Recommend using M2**
- **Some CMS DRGs now have a completely different description and weighted value**
- **Examples:**

373      (CMS DRG) VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES  
          (MS-DRG) MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS

376      (CMS DRG) POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE  
          (MS-DRG) DIGESTIVE MALIGNANCY W/O CC/MCC

378      (CMS DRG) ECTOPIC PREGNANCY  
          (MS-DRG) G.I. HEMORRHAGE W CC

379      (CMS DRG) THREATENED ABORTION  
          (MS-DRG) G.I. HEMORRHAGE W/O CC/MCC



# DRG Weighted Values

<b>DRG Summary</b>		Maternity DRGs 765-768 774-782				
As of 20 Jan 2011		Change to MS-DRGs 1st QTR FY09				
CLINIC/CLINICAL SERVICE	(All)					
TRANSFERS	(All)					
DC FY	FY-11					
AGE STAGE	(All)	PEDI/ADULT				
A&D LIST CATEGORY	(All)					
TYPE CASE	(All)					
Count of REG NBR		Top DRGs				
		DC MO				
DRG	DRG DESC	ACT_WEIGHT	Oct-10	Nov-10	Dec-10	Jan-11
795	NORMAL NEWBORN	0.1083	28			28
		0.1105	181	202	199	47
		0.1297			1	
		0.1489	1			
775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	0.3881	24			24
		0.3995	144	163	170	34
		0.6077	1			
792	NEONATE, BIRTHWT >2499G, W/O SIGNIF O.R. PROC, W OTHER P	0.1972	9			9
		0.2128	40	46	63	7
		0.3349		1		
766	CESAREAN SECTION W/O CC/MCC	0.6613	9			9
		0.6787	27	33	44	7
		0.7587			1	
774	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0.4773	6			6
		0.496	37	26	32	7
313	CHEST PAIN	0.6174	35	25	24	4
		0.6259	4			
765	CESAREAN SECTION W CC/MCC	0.8404	6			6
		0.8684	19	32	25	7

Source: Ad-Hoc CHCS Patient File with `Encounter ID Extra to join DRG and weighted value



# DQ Process Key Points

## **Enrollment, Demographics & Other Health Insurance (CHCS/DEERS)**

1. Patient Registration
2. Duplicate Patients
3. NED Error Processing
4. CHCS/DEERS Sync
5. Eligibility Verification

## **Clinical (CHCS/ADM & AHLTA)**

7. Clinic & Provider Profiles (Specialties & Workload Flags)
8. Individual Check-In/End of Day Processing
9. Correct assignment of Inpatient Attending Provider and Service
10. Coding Accuracy and Timely Completion

## **Cost/Performance & Billing (CHCS/ADM/EAS/M2)**

12. Ancillary File Maintenance
13. Common File Synchronization Across Systems (Personnel and Clinical)
14. Synchronization of Workload Reporting (SIDR/SADR, WWR, WAM/EAS)
15. Accurate data to study Access to Care, Quality Improvements, Business Planning and Market Share Analysis

6. CHS Capture (DR)

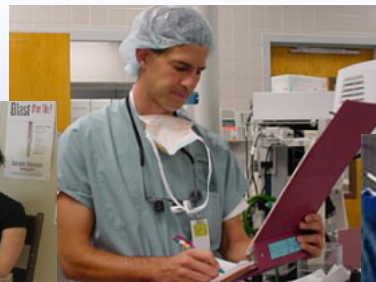
11. Ancillary Order

**Be Prepared for the "Duration"... Data Quality is not at One-Time Effort...**



# It Takes a Team!

- 1. Workload Reconciliation and Coding Compliance Review/Audit**
- 2. Database Administration (Files & Tables)**
- 3. Interface Error Management**
- 4. Data Needed for Operational Assessments and DQMCRL**
- 5. Staff Training and User Access Management**
- 6. Trouble Shooting and Trouble Ticket Reporting**







# DQ - Where to Start ??

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## **1. Training - Attend CHCS Training offered at your MTF - If none are offered, explore options:**

- CHCS Virtual Classroom or Scheduled Training Options
- PASBA Coding VTC (Click on Coding->Coding VTC)

## **2. Coordinate with Provider/Nursing Champion and IMD to establish a CHCS/AHLTA Users Forum**

## **3. Understand your MTF Business Processes:**

- Provider/Staff In/Out-Processing
- CHCS/AHLTA Support and Training Team
- Coding Support and Provider Feedback
- Business Plan Targets/Balanced Scorecard Objectives Initiatives
- Special Programs
  - Warrior Transition Battalion
  - Case Management
  - Traumatic Brain Injury Clinic